



## Healthcare Association of New York State

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Not-For-Profit Hospitals, Health Systems,  
and Continuing Care Providers*

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June 2, 2008

The Honorable Henry A. Waxman  
U.S. House of Representatives  
Chairman, Committee on Oversight and Government Reform  
2157 Rayburn House Office Building  
Washington, DC 20515-6143

Dear Chairman Waxman:

On behalf of the Healthcare Association of New York State (HANYs), representing more than 550 non-profit and public hospitals, nursing homes, home care agencies, and other health care organizations statewide, thank you for the opportunity to share with the Committee on Oversight and Government Reform how New York hospitals are working to reduce and prevent health care-associated infections.

New York State is home to more than 200 acute care hospitals, each committed to continually improving the quality of care provided to all patients. The prevention and treatment of infections is a critically important component of our member hospitals' quality improvement and patient safety efforts. HANYs, New York's statewide hospital and health system association, and New York's six regional health care associations are engaged in numerous programs and activities to help hospitals improve the quality of care and reduce errors.

For your reference, I have enclosed a compendium of New York hospitals' quality improvement efforts in 2007, *Leading the Quest for Quality: 2007 Profiles in Quality and Patient Safety*, and several infection prevention examples from the 2008 compendium not yet published. I believe these examples will underscore the significant achievements being made in quality improvement and patient safety by HANYs' member hospitals in New York State.

### **HANYs' Quality Institute**

Through HANYs' Quality Institute, HANYs has taken a leadership role in helping hospitals and health systems address critical quality issues. HANYs' Quality Institute disseminates best practices and works with public and private stakeholders to align quality initiatives, ensuring such initiatives are tied to evidence-based guidelines. The Institute also takes proactive steps to assist hospitals in the rapid adoption and implementation of evidence-based practices, including infection control standards developed by the leading expert organizations. Annually, HANYs' Quality Institute provides each hospital in New York State comprehensive performance data on the quality of the inpatient services it provides versus the average

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performance of all other New York hospitals. *HANYS' Comparative Hospital Report* allows hospitals to benchmark their performance for a multitude of services based on the Agency for Healthcare Research and Quality (AHRQ) quality indicators.

Recently, nearly 200 of New York's hospitals worked under the guidance of HANYS' Quality Institute to implement a series of best practices, including several aimed at preventing health care-associated infections as part of the Institute for Healthcare Improvement (IHI) 100,000 Lives Campaign. HANYS served as the statewide coordinator, or "node," for the IHI 100k Lives Campaign, a nationwide initiative to help hospitals save 100,000 lives through the dissemination of education, tools, and successful practices.

IHI estimates that 6,318 lives were saved in New York State as a result of the Campaign, 15% above the recommended goal. IHI has again chosen HANYS to serve as the statewide node for the new IHI 5 Million Lives Campaign. Nearly 200 hospitals in New York have joined this Campaign. HANYS has been recognized by IHI as one of the role models for other organizations and associations across the country in the Campaign. A key focus of both of the IHI campaigns is the prevention of central line-associated bloodstream (CLAB) infections.

### **Central Line-Associated Bloodstream Infections**

You have asked HANYS for data regarding the overall rates of CLAB infections in intensive care units in New York State hospitals. In 2005, the State of New York established an infection reporting program that will result in the public release of a wealth of infection-related data, including the rate of CLAB infections in 2009.

HANYS strongly supported the establishment of this public reporting program and has been asked by the state to take an active role in the program's implementation. The state law provided a one-year pilot phase in 2007 that offered the opportunity for hospitals to develop their systems and processes to collect complete and accurate infection-related data. Beginning in 2009, hospital-specific information on CLAB infections and infections associated with colon surgeries, coronary artery bypass graft surgeries, and hip surgeries will be available based on 2008 data. Until the public release of these data, we cannot provide rates for all hospital infections in New York. In 2009, this information will be available through a New York State Department of Health (DOH) Web site, which currently incorporates numerous Centers for Medicare and Medicaid Services (CMS) comparative quality measures.

Absent the comprehensive data now, HANYS can provide you examples of how the IHI 5 Million Lives Campaign and other initiatives in New York State are stemming the occurrence of CLAB infections in New York hospitals.

Since 2005, approximately 150 hospitals throughout New York have implemented evidence-based CLAB infection prevention programs, including the IHI CLAB infection bundle (a group of interventions that, when executed together, result in better outcomes than when implemented individually) and the Michigan Hospital Association model. Through these efforts, New York hospitals have examined gaps in compliance with best practices and used that knowledge to standardize the implementation of CLAB infection prevention efforts with sustainable success.

While HANYS does not have universal data on the results of all these efforts, we do have data from select provider's organized efforts. For example:

- The New York City Health and Hospitals Corporation (HHC), the largest public hospital system in the country, decreased CLAB infections in its 11 hospitals by 55% from 7.6 per 1,000 central line days in 2005 to 3.4 in 2007.
- North Shore-Long Island Jewish Health System (NS-LIJ), a 15-hospital system on Long Island, reduced its CLAB infection rate from 3.14 in 2005 to 0.47 per 1,000 central line days in 2008. AHRQ's "Innovation" Web site has recognized the NS-LIJ project in its initial profile of best practices.
- The IHI Web site has a number of New York State hospitals in CLAB infection prevention mentor roles.
- Forty-six member hospitals have also participated in a regional initiative to reduce CLAB infections, sponsored by the Greater New York Hospital Association (GNYHA) and United Hospital Fund. In the first three years of the collaborative, participating hospitals reduced their CLAB infection rates in the intensive care unit (ICU) by more than 50%, on average. I understand that GNYHA has sent you additional data on this positive collaborative.

HANYS' Quality Institute also released an educational DVD/CD on CLAB infection prevention to all hospitals and medical and nursing schools across New York State that illustrates how to execute and manage the evidence-based IHI CLAB infection bundle (enclosed).

In addition, HANYS recently completed the *Teamwork and Technique: Achieving Critical Care Excellence* initiative, an innovative educational series designed to help hospitals improve patient safety and reduce infections, such as CLAB infections, methicillin-resistant *Staphylococcus aureus* (MRSA), and other complications in critical care units. More than 100 hospitals participated in this project, which integrates the aviation industry's crew management principles with evidence-based clinical practices drawn from the IHI quality initiatives.

#### **The Michigan Hospital Association/Johns Hopkins University CLAB Infection Program**

At this point, HANYS has not launched an effort to replicate the Michigan Hospital Association program. Currently, HANYS is focused on the IHI-related CLAB infection initiative as described above. This program incorporates the same and similar evidence-based practices and quality management techniques as the Michigan Hospital Association program—focusing on a range of infection reduction protocols including the promotion of regional, system, and provider collaboratives, providing educational DVD/CDs and programs, and training in crew resource management techniques.

HANYS strongly advocated that the U.S. Department of Health and Human Services (HHS) allow the use of the simple, five-step medical checklist in the Michigan Hospital Association project, without defining it as human subject research that requires informed consent. HANYS is pleased that HHS has allowed hospitals that are part of the Michigan Hospital Association model to move forward with implementing a medical checklist protocol. Had HHS remained unmoved in its initial position that the use of a checklist constituted clinical trials, it would have stymied use of what is a proven method to successfully reduce infections in the ICU. Participating hospitals can now implement this important quality improvement initiative without restriction.

#### **Other Health Care-Associated Infection Prevention Initiatives**

New York's health care providers are successfully implementing other innovative practices to reduce and prevent additional types of health care-related infections, including ventilator-associated pneumonia (VAP), surgical site infections, and multi-drug resistant organisms (MDROs).

#### Ventilator-Associated Pneumonia

VAP is the second largest hospital-acquired infection in hospitals in the country. As such, VAP prevention has been identified as a top quality management priority for virtually all health care organizations. Approximately 150 hospitals in New York State joined IHI's evidence-based VAP bundle to reduce the rate of VAP among their patients. For example, the University of Rochester Medical Center-Strong Memorial Hospital achieved a VAP rate of zero per 1,000

ventilator days over a one-year period in its medical ICU. The medical center continues to work to make further improvements, and is a mentor in our statewide initiative.

To reinforce VAP prevention practices and help hospitals make further improvements and sustain success, HANYS' Quality Institute initiated an advanced VAP Prevention Project in October 2007. Through regional training sessions that focused on evidence-based care, tools, and techniques targeting key VAP prevention improvements in areas such as oral care, mobility, and sedation reduction, the 50 participating hospitals in this project developed action plans for reducing VAP at their facilities.

The project assisted hospitals in implementing their action plans. The program included data collection and tracking using the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) system. Through this system, hospitals are also able to share data with each other, allowing them to conduct a comparative analysis of their progress.

The HANYS VAP Prevention Project has achieved tremendous success. Hospitals have not only been able to reduce their VAP rates, but have also shown a cultural change in the management of VAP patients. After several months of participating in the program, the current average VAP rate for the participating hospitals is 1.76 cases per 1,000 ventilator days. This is below the median national VAP rate per 1,000 ventilator days, reported by CDC's data collection system, that ranges from 2.2 cases in the pediatric ICU to 14.7 cases in the trauma ICU.

#### Surgical Site Infections

New York hospitals participate in the CMS Surgical Care Improvement Project (SCIP), designed to reduce surgical complications and infections. SCIP is part of CMS' public reporting program and New York State was one of three states to initially pilot the program to publicly report quality data. New York hospitals' average is better than the national average in all of the five SCIP measures. Many of the hospitals are reducing post-operative infections through this initiative. NS-LIJ, for example, reduced its rate of surgical site infections (Class I and II) from 1.59 in 2005 to 1.20 in 2008.

#### Multi-Drug Resistant Organisms

The prevention of MDROs is also a significant priority for New York hospitals. HANYS' Quality Institute and a number of lead organizations and hospitals have large-scale projects underway or in development to reduce MDROs. NS-LIJ has worked to drop its MRSA rate from 0.96 per 1,000 patient care days in 2005 to 0.75 in 2008. Twenty-five of our member hospitals in central New York participated in a three-year regional hospital association

collaborative, conducted by Iroquois Healthcare Alliance, to evaluate various strategies to reduce the transmission of MRSA and share successful strategies.

HANYS has provided a number of educational sessions on MRSA and has begun initiating a new statewide MDRO project. The project will include tools and education to assist hospitals in developing and implementing risk assessment and internal surveillance systems in their facilities to detect and monitor MDRO trends, recognize and respond to possible outbreaks, and implement changes in surveillance processes when indicated.

### **Hospital Associations Should Be Leaders in Hospital Quality Improvement**

You asked HANYS to express our position regarding the role for hospital associations in improving the quality of care delivered to patients. HANYS believes that hospital associations should have a key leadership role in shaping state and national efforts to address a broad range of quality improvement areas, including that of health care-associated infections.

HANYS will continue to advocate for a strong public and private partnership to ensure that successful quality improvement efforts, including infection control programs, are rationally designed and adequately supported. Such efforts necessitate significant expertise and resources.

### **The Role of the Federal Government in Infection Prevention and Data Collection**

Hospital associations and the hospitals they serve would be able to achieve more in quality improvement if HHS worked to standardize clinical evidence-based protocols, measures, and priorities. HANYS strongly agrees with the recommendations of the Government Accountability Office (GAO) in its recent report (GAO-08-283) on *Health-Care-Associated Infections in Hospitals*. GAO calls for greater leadership from HHS in the area of infection prevention, including the need for standardized infection control and the development of consistent and compatible data collected on health care-associated infections.

HANYS has long advocated for one national, standardized, and integrated approach to quality measurement, data collection, and reporting. Inconsistent approaches to quality reporting result in duplication of effort and undermine the potential for improvements in quality and cost efficiencies. Unfortunately, there is a misalignment between the CDC and CMS infection reporting processes. New York State was forced to choose and chose the CDC system as part of its infection reporting program. The CDC NHSN surveillance system is not integrated and aligned with parallel infection control and quality reporting responsibilities hospitals have with CMS.

The Honorable Henry A. Waxman  
June 2, 2008

Page 7

HANYS is encouraged that CMS and the CDC have indicated to GAO a willingness to work together to provide leadership on this important issue. HANYS will continue to advocate for the harmonization of quality measurement efforts and national guidance on infection prevention.

Thank you again for your inquiry and your attention to such an important patient safety priority. Please contact me if you require any additional information.

Sincerely,

/s/Daniel Sisto

Daniel Sisto  
President

DS:pm

Enclosures (3):

*Leading the Quest for Quality: 2007 Profiles in Quality and Patient Safety*

Selected submissions from the *2008 Profiles in Quality and Patient Safety* (not yet published)

IHI DVD Series on CLAB Infections and VAP

cc: The Honorable Tom Davis, Ranking Minority Member, Committee on Oversight  
and Government Reform  
The New York State Congressional Delegation